



WEST SIDE MAIN STREETS MATCHING GRANT 2016 PRE-APPLICATION

APPLICANT INFORMATION (please print clearly)

Name of Business/Applicant: _____

Contact Person: _____

Project Address: _____

Mailing Address (*if different*): _____

E-Mail Address: _____

Business Phone: _____ Cell Phone: _____

OWNERSHIP INFORMATION

Applicant is (check all that apply): Business Owner: _____ Property Owner: _____

Property Owner's Name(s): _____
(*if not the applicant*)

Are the property's taxes current? _____

PROJECT INFORMATION

Describe the improvements you would like to make: _____

Do you plan on consulting an architect? _____ If yes, who? _____

SUBMIT THIS PRE-APPLICATION IN ONE OF THE FOLLOWING WAYS:

<i>Mail / Drop Off</i>	Urban Enterprise Association 227 W. Jefferson Blvd., Suite 1400S South Bend, IN 46601
<i>E-Mail</i>	jalexand@southbendin.gov
<i>Fax</i>	(574) 235-9021

If you have any questions about this pre-application, please call (574) 235-9278 or (574) 235-5843.